Revised 06/05

# CAMPAIG THICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

2000 APR 11 AM 9: 34

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be

received accepte	quest, or Grant information I by a department or d by the Governor on behalf
of the st	ate For office use only
Audited	
Checked	

FORM-GBG

illed within 20 days of receipt of the gift, bequest, or grant.		Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST,	OR GRANT:	
Iowa Department of Agriculture and Land Stewardship		
_502 East 9th	es Moines, IA 50319	
	ity, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	`B:	
Erinn Sprouse	/5.	
Name		
Same Mailing Address (if different from above)		
Erinn.sprouse@IDALS.state.ia.us	City, State, Zip (if different from	n above)
Email Address	515-281-8611	
	Area Code & Telephone Numb	er (if different from above)
ONOR OF GIFT, BEQUEST, OR GRANT:		
USDA, FSIS		
400 Independence Ave.SW Washington, DC 20250		
lailing Address City, State, Zip Code	03/19/2008	\$ 1.050,000,00
<u>202-418-8909</u>	3 1	\$ 1,656,900.00
rea Code & Telephone Number	Date of Gift, Bequest, or Grant	Amount/Value*
Vicki.Cundiff@fsis.usda.gov	"value is defined as "fair market	value" of item as determined by
mail Addres s (optional)	receiving department or office.	If no value mark "0.00".
Provide a description of the gift, bequest, or grant and purpose thereof:		
Meat and Poultry inspections		
riteria to use this form:		
teceipt of any gift, bequest, or grant that is received by any department o	f the state or received by the Governor	on behalf of the state
ement of Affirmation:		
rinn Sprouse affirm that the gift, bequest, or grant reported	above	the information and a surface of
affirm that the gift, bequest, or grant reported or and assessment of the fair market value (if applicable) is correct and true.	be by the best of the providing and the state of the stat	the information concerning the
Cinn a. Sprouse	-	
CUMM U. SOMMINDO	11-10	D-08

Revised 06/05

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IA ETHIOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A

2000 APR 11 AM 9: 34

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lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

#### FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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lowa Department of Agriculture and Land	Stowardship
Name of Department of Office	Siewardsnip
502 East 9th Mailing Address	Des Moines, IA 50319
Mainig Address 515-281-8611	City, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTME	INT OR OFFICE:
Erinn Sprouse	
Name Same	
Mailing Address (if different from above)	
Erian.sprouse@IDALS.state.ia.us	City, State, Zip (if different from above)
mail Address	515-281-8611
ONOR OF GIFT, BEQUEST, OR GRANT:	Area Code & Telephone Number (if different from above)
laine  1.244 Speer Blvd, Ste 903 Denver, CO lailing Address City, State, Zip Co rea Code & Telephone Number  mail Address (optional)	03/24/2008 \$ 445,769.00  Date of Gift, Bequest, or Grant Amount/Value*  "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Provide a description of the gift, bequest, or grant and pu	rpose thereof:
WIC Farmers' Market Nutrition Program	
riteria to use this form:	
Priteria to use this form:	The department of the club, and the club, an
Priteria to use this form:	ny department of the state or received by the Governor on behalf of the state.

#### St

Erinn Sprouse affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ein	a. Sprouse	
Signature		

4-10-08

Revised 06/05

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## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



2008 APR 11 AM 9: 34 lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the

state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

	For office use only
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	Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUI	EST, OR GRANT:
Iowa Department of Agriculture and Land Steward	Ishin
Name of Department or Office 502 East 9th	out p
Mailing Address	Des Moines, IA 50319
515-281-8611	City, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR C	
Erinn Sprouse	/FRICE:
Name	
Same	
Mailing Address (if different from above)	
Erinn.sprouse@IDALS.state,ia.us	City, State, Zip (if different from above)
Email Address	515-281-8611 Area Code & Talanh
	Area Code & Telephone Number (if different from above)
ONOR OF GIFT, BEQUEST, OR GRANT:	
USDA,	
Vame	
1244 Speer Blvd, Ste 903 Denver, CO 80204	
Mailing Address City, State, Zip Code	<b>_</b>
Oity, State, Zip Code	03/24/2008 \$ 507,964.00
rea Code & Telephone Number	Date of Gift, Bequest, or Grant Amount/Value*
mail Addres s (optional)	"value is defined as "fair market value" of item as determined by
(IRIO) o como o (optional)	receiving department or office. If no value mark "0.00".
Provide a description of the gift, heavened	
Provide a description of the gift, bequest, or grant and purpose there	eof:
Senior Farmers' Market Nutrition Program	

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

Erinn Sprouse Erinn Sprouse \_\_\_\_\_affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.